



**LAWYERS PROFESSIONAL LIABILITY**

**NEW LAWYER INFORMATION SUPPLEMENT**

1. New Lawyer: \_\_\_\_\_ Name of Insured Firm: \_\_\_\_\_

2.

| New Lawyer Position in this Firm * | Hours Per week | State Bar Admissions | Year Admitted | Years in Practice | Area of Practice Specialty | Date of Hire |
|------------------------------------|----------------|----------------------|---------------|-------------------|----------------------------|--------------|
|                                    |                |                      |               |                   |                            | / /          |

\* Positions: Officer, Partner, Employed Associate, Of Counsel, Independent Contractor

| Name of Prior Firm | Exact Dates Associated From ( MDY) to (MDY) | Professional Liability Carrier | Position in Firm * | Is this firm a Predecessor Firm** of the Named Insured?  | Provide prior acts coverage if available**               |
|--------------------|---|--------------------------------|--------------------|--|--|
|                    | / / - / /                                   |                                |                    | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                    | / / - / /                                   |                                |                    | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                    | / / - / /                                   |                                |                    | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                    | / / - / /                                   |                                |                    | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                    | / / - / /                                   |                                |                    | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

\*\*A Predecessor Firm is any legal entity that was engaged in the practice of law to whose financial assets and liabilities the Named Insured is the majority successor in interest. If the Prior firm is not a Predecessor Firm of the Named Insured, prior acts coverage cannot be provided.

3. Has an Extended Reporting Period Endorsement ( ERP) been purchased for any of the above? ..... Yes  No

If Yes: ERP purchased for: \_\_\_\_\_

ERP Effective from: \_\_\_\_\_ to \_\_\_\_\_

4. Are new lawyer an employee of any organization other than the Insured firm? ..... Yes  No

If yes, please explain below.  
\_\_\_\_\_

5. Within the last 6 years, has new lawyer acted as a director, officer, partner or trustee for or exercise any form of managerial or fiduciary control over any business enterprise other than the Insured's Firm? ..... Yes  No

**If Yes, complete the Outside Interest Supplement.**

6. Has new lawyer ever been denied the right to practice, suspended from practice, disbarred, reprimanded or had other disciplinary action taken against you by any court or administrative agency? ..... Yes  No

**If Yes, provide details by separate attachment.**

7. Has new lawyer ever had any application for Professional Liability Insurance declined, cancelled or non-renewed? ..... Yes  No

**If Yes, provide details by separate attachment.**

8. If in the past six (6) years, have there been any claims or suits made against new lawyer for services he or she performed? ..... Yes  No

**If Yes, complete the Claim Information Supplement.**

New Lawyer: \_\_\_\_\_

9. Is new lawyer aware of:
- a. any circumstance, act, error, omission or personal injury which could be the basis of a claim or suit? . Yes  No
  - b. any potential malpractice claim or suit reported to a previous insurance carrier? ..... Yes  No
  - c. any adverse judgment which could be the basis of a claim or suit? ..... Yes  No
  - d. any missed statute of limitations? ..... Yes  No
  - e. any dissatisfaction with representation? ..... Yes  No

If Yes to any of the above, complete the **Claim Information Supplement**, and advise the number of potential claims. ....

10. Have the firm's areas of practice changed with the addition of this new lawyer? If yes, please explain. ... Yes  No

11. Has new lawyer you continued representation of any clients or cases from your prior law firm? ..... Yes  No
- a. Has each case been reviewed for potential conflicts of interest ? ..... Yes  No
  - b. Has each case been entered into all docket control systems? ..... Yes  No
  - c. Has each case been reviewed for potential claims? ..... Yes  No
  - d. Has each client been notified of the change in law firm? ..... Yes  No
  - e. Has each client received an updated engagement / retention letter? ..... Yes  No

**If No to any part of question 11, provide details on a separate attachment.**

12. As to all former clients for which new lawyer had entered his or her appearance, and who are no longer his or her clients, has a substitution of attorney or withdrawal of appearance been completed? ..... Yes  No

**If No, provide details on a separate attachment.**

**NOTICE:**

To avoid loss of coverage, all known circumstances, acts, errors or omissions that could result in a claim against the applicant or its predecessor firms, must be reported to the new lawyer's current insurer as soon as possible, but prior to the end of the policy period.

- The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or that should be known, and agrees that this application will be included in the basis of any coverage and a part of any policy that may be issued by the Company.
- The execution of this application does not bind the undersigned to purchase any coverage offered, nor does the receipt and/or review of this application bind the Company to offer coverage or issue a policy.
- The undersigned understands and accepts that any policy issued will provide coverage on a Claims Made and Reported basis.

\_\_\_\_\_  
Signature of New Lawyer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Partner, Officer or Owner

\_\_\_\_\_  
Date